

SENATE RESOLUTION 683—DESIGNATING THE WEEK OF OCTOBER 19 THROUGH OCTOBER 25, 2008, AS “NATIONAL CHILDHOOD LEAD POISONING PREVENTION WEEK”

Mr. REED (for himself, Ms. COLLINS, Mr. WHITEHOUSE, Mr. BOND, Mr. ISAKSON, Mr. CARDIN, Mr. LEVIN, Mr. BIDEN, Mr. LIEBERMAN, Mr. KERRY, Ms. STABENOW, Mr. FEINGOLD, Mrs. BOXER, Mr. LEAHY, Mr. PRYOR, and Mr. LAUTENBERG) submitted the following resolution; which was considered and agreed to:

S. RES. 683

Whereas lead poisoning is one of the leading environmental health hazards facing children in the United States;

Whereas approximately 240,000 children in the United States under the age of 6 currently have harmful levels of lead in their blood;

Whereas lead poisoning may cause serious, long-term harm to children, including reduced intelligence and attention span, behavior problems, learning disabilities, and impaired growth;

Whereas children from low-income families are significantly more likely to be poisoned by lead than are children from high-income families;

Whereas children may be poisoned by lead in water, soil, housing, or consumable products;

Whereas children most often are poisoned in their homes through exposure to lead particles when lead-based paint deteriorates or is disturbed during home renovation and repainting; and

Whereas lead poisoning crosses all barriers of race, income, and geography: Now, therefore, be it

Resolved, That the Senate—

(1) designates the week of October 19 through October 25, 2008, as “National Childhood Lead Poisoning Prevention Week”; and

(2) calls upon the people of the United States to observe National Childhood Lead Poisoning Prevention Week with appropriate programs and activities.

SENATE RESOLUTION 684—CALLING FOR A COMPREHENSIVE STRATEGY TO ADDRESS THE CRISIS IN DARFUR, SUDAN

Mr. DURBIN (for himself, Ms. SNOWE, Mr. KERRY, Mr. FEINGOLD, Mr. LUGAR, Mr. BROWBACK, Mr. SCHUMER, Mr. MENENDEZ, Mr. SPETER, Mr. BIDEN, Mr. OBAMA, Mr. DODD, Mr. LEAHY, Mr. LEVIN, Mr. WHITEHOUSE, Mrs. MURRAY, Mr. ISAKSON, Mr. CHAMBLISS, Mr. SUNUNU, Mr. SANDERS, Mrs. CLINTON, Mr. ROBERTS, Mrs. DOLE, Mr. BINGAMAN, Mrs. BOXER, Mr. WYDEN, Mr. LAUTENBERG, Mrs. FEINSTEIN, Mr. COLEMAN, and Mr. VOINOVICH) submitted the following resolution; which was considered and agreed to:

S. RES. 684

Whereas more than 300,000 people have died and approximately 2,500,000 have been displaced in Darfur since 2003, according to estimates by the United Nations;

Whereas Congress unanimously declared on July 22, 2004, that the atrocities in Darfur were genocide;

Whereas, on September 9, 2004, Secretary of State Colin Powell and on June 1, 2005, President George W. Bush described the crisis in Darfur as genocide;

Whereas the United States has led the world in financial contributions to humanitarian aid and peacekeeping operations in Darfur;

Whereas, on July 31, 2007, the United Nations Security Council voted to deploy an historic United Nations-African Union (UNAMID) peacekeeping force to stem the violence in Darfur and create conditions for peace talks;

Whereas only approximately 10,000 of the authorized force of 26,000 peacekeepers and police have deployed to Darfur, delayed by Sudanese obstruction as well as by a failure of the international community to commit sufficient resources and to overcome logistical obstacles; and

Whereas more than four years have passed since Congress declared the conflict in Darfur to be genocide and conditions on the ground in Darfur continue to worsen: Now, therefore, be it

Resolved, That the Senate—

(1) urges the President, the United Nations Secretary-General, the African Union, and other key members of the international community to pursue a comprehensive solution to the Darfur crisis by—

(A) supporting efforts to launch a just and inclusive peace process;

(B) ensuring the full and effective deployment of the UNAMID mission;

(C) ensuring the free and unfettered flow of humanitarian aid;

(D) promoting economic and political development programs;

(E) supporting full implementation of the Comprehensive Peace Agreement of 2005; and

(F) promoting justice and accountability;

(2) condemns the Government of Sudan for its continued obstruction of the deployment of United Nations-African Union peacekeepers and equipment;

(3) condemns the ongoing acts of violence in and obstruction of aid to Darfur committed by all parties; and

(4) calls upon the Government of Sudan and armed parties in the region to declare and respect an immediate cessation of hostilities, abide by the United Nations embargo on the importation of arms, cease predation and attacks upon humanitarian organizations, and participate in international efforts to negotiate a lasting political settlement for the region.

SENATE CONCURRENT RESOLUTION 102—EXPRESSING THE SENSE OF CONGRESS THAT ENSURING THE AVAILABILITY OF ADEQUATE HOUSING IS AN ESSENTIAL COMPONENT OF AN EFFECTIVE STRATEGY FOR THE PREVENTION AND TREATMENT OF HIV AND THE CARE OF INDIVIDUALS WITH HIV

Mrs. CLINTON submitted the following concurrent resolution; which was referred to the Committee on Banking, Housing, and Urban Affairs:

S. CON. RES. 102

Whereas adequate and secure housing is recognized as a human right in Article 25 of the Universal Declaration of Human Rights, adopted by the General Assembly of the United Nations on December 10, 1948;

Whereas strong and consistent research findings show that the socioeconomic status of individuals and groups is a key determinant of health;

Whereas the link between poverty and an increased risk of contracting HIV and other poor health outcomes is well established;

Whereas research findings demonstrate that there is a direct relationship between

inadequate housing and a greater risk of HIV infection, poor health outcomes, and early death;

Whereas poor living conditions, including overcrowding and homelessness, undermine safety, privacy, and efforts to promote self-respect, human dignity, and responsible sexual behavior;

Whereas, according to the National AIDS Housing Coalition, individuals who are homeless or unstably housed are 2 to 6 times more likely to use hard drugs, share needles, or exchange sex than individuals with stable housing, as the lack of stable housing directly impacts the ability of individuals living in poverty to reduce HIV risk behaviors;

Whereas, despite the evidence indicating that adequate housing has a direct positive effect on the prevention and treatment of HIV and health outcomes, the lack of resources dedicated to providing adequate housing has been largely ignored in policy discussions at the international level; and

Whereas the United Nations, in the 2006 Political Declaration on HIV/AIDS, embraced the goal of universal access to comprehensive prevention programs and treatment, care, and support for individuals with HIV by 2010: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That it is the sense of Congress that ensuring the availability of adequate housing is an essential component of an effective strategy for the prevention and treatment of HIV and the care of individuals with HIV.

SENATE CONCURRENT RESOLUTION 103—RECOGNIZING THE 10TH ANNIVERSARY OF THE ESTABLISHMENT OF THE MINORITY AIDS INITIATIVE

Mrs. CLINTON submitted the following concurrent resolution; which was referred to the Committee on Health, Education, Labor, and Pensions:

S. CON. RES. 103

Whereas the Minority AIDS Initiative was established on October 28, 1998, under the leadership of the Congressional Black Caucus, during the chairmanship of Representative Maxine Waters, to target funds for the awareness, prevention, testing, and treatment of human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) toward racial and ethnic minority communities and toward community-based organizations and health care providers serving these communities;

Whereas HIV/AIDS is a devastating epidemic that continues to grow in communities throughout the United States;

Whereas there are more than 1,000,000 people living with HIV/AIDS in the United States today;

Whereas there are more than 14,000 AIDS-related deaths every year in the United States;

Whereas approximately 1 in 4 of the people living with HIV/AIDS in the United States do not know they are infected;

Whereas all racial and ethnic minorities are disproportionately impacted by HIV/AIDS;

Whereas African-Americans account for about ½ of new AIDS cases, although approximately 13 percent of the population as a whole is Black, and the Centers for Disease Control and Prevention (CDC) estimates that African-Americans accounted for 45 percent of new HIV infections in 2006;

Whereas Hispanic Americans account for 19 percent of new AIDS cases, although only 15

percent of the population as a whole is Hispanic, and the CDC estimates that Hispanic-Americans accounted for 17 percent of new HIV infections in 2006;

Whereas Asian-Americans and Pacific Islanders account for 1 percent of new AIDS cases, and Native Americans and Alaska Natives account for up to 1 percent of new AIDS cases;

Whereas approximately 70 percent of new AIDS cases are racial and ethnic minorities;

Whereas, in 2008, the CDC released new estimates of HIV infection, which indicate that approximately 56,300 new HIV infections occurred in the United States in 2006;

Whereas these new estimates are approximately 40 percent higher than the CDC's previous estimates of 40,000 new infections per year;

Whereas the CDC's data confirms that the most severe impact of HIV/AIDS continues to be among gay and bisexual men of all races, and Black men and women;

Whereas the purpose of the Minority AIDS Initiative is to enable community-based organizations and health care providers in minority communities to improve their capacity to deliver culturally and linguistically appropriate HIV/AIDS care and services;

Whereas the establishment of the Minority AIDS Initiative was announced on October 28, 1998, during a "roll-out" event sponsored by the Congressional Black Caucus, which featured the participation of President Bill Clinton, Secretary of Health and Human Services Donna Shalala, Representative Maxine Waters, members of the Congressional Black Caucus, and representatives of HIV/AIDS service and advocacy organizations;

Whereas it was announced at this roll-out that the Minority AIDS Initiative would receive an initial appropriation of \$156,000,000 in fiscal year 1999;

Whereas concerned Members of Congress, including members of the Congressional Black Caucus, the Congressional Hispanic Caucus, the Congressional Asian Pacific American Caucus, and the Congressional Hispanic Conference, continue to support the Minority AIDS Initiative;

Whereas the Minority AIDS Initiative continues to provide funding to community-based organizations, research institutions, minority-serving colleges and universities, health care organizations, State and local health departments, correctional institutions, and other providers of health information and services to help such entities address the HIV/AIDS epidemic within the minority populations they serve;

Whereas Congress codified the Minority AIDS Initiative within the most recent reauthorization of the Ryan White CARE Act;

Whereas the Minority AIDS Initiative fills gaps in HIV/AIDS outreach, awareness, prevention, treatment, surveillance, and infrastructure across communities of color; and

Whereas, October 28, 2008, is the 10th anniversary of the establishment of the Minority AIDS Initiative: Now, therefore, be it

Resolved by the Senate (the House of Representatives concurring), That the Senate—

(1) recognizes and commemorates the 10th anniversary of the establishment of the Minority AIDS Initiative;

(2) commends the efforts of community-based organizations and health care providers in minority communities to deliver culturally and linguistically appropriate human immunodeficiency virus and acquired immunodeficiency syndrome (HIV/AIDS) care and services within the minority populations they serve;

(3) encourages racial and ethnic minorities to educate themselves about the prevention and treatment of HIV/AIDS and reduce the stigma associated with HIV/AIDS; and

(4) supports the continued funding of the Minority AIDS Initiative and other Federal programs to stop the spread of HIV/AIDS and to provide effective, compassionate treatment and care to individuals affected by HIV/AIDS.

AMENDMENTS SUBMITTED AND PROPOSED

SA 5642. Mr. DORGAN (for Mr. KENNEDY (for himself and Mr. HATCH)) proposed an amendment to the bill H.R. 1343, to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes.

SA 5643. Mr. WYDEN (for himself and Mr. BARRASSO) submitted an amendment intended to be proposed by him to the bill S. 3268, to amend the Commodity Exchange Act, to prevent excessive price speculation with respect to energy commodities, and for other purposes; which was ordered to lie on the table.

SA 5644. Mr. SALAZAR (for Mrs. MCCASKILL (for herself, Mr. SALAZAR, Ms. COLLINS, and Mr. LIEBERMAN)) proposed an amendment to the bill H.R. 928, to amend the Inspector General Act of 1978 to enhance the independence of the Inspectors General, to create a Council of the Inspectors General on Integrity and Efficiency, and for other purposes.

TEXT OF AMENDMENTS

SA 5642. Mr. DORGAN (for Mr. KENNEDY (for himself and Mr. HATCH)) proposed an amendment to the bill H.R. 1343, to provide additional authorizations of appropriations for the health centers program under section 330 of such Act, and for other purposes; as follows:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Care Safety Net Act of 2008".

SEC. 2. COMMUNITY HEALTH CENTERS PROGRAM OF THE PUBLIC HEALTH SERVICE ACT.

(a) ADDITIONAL AUTHORIZATIONS OF APPROPRIATIONS FOR THE HEALTH CENTERS PROGRAM OF PUBLIC HEALTH SERVICE ACT.—Section 330(r) of the Public Health Service Act (42 U.S.C. 254b(r)) is amended by amending paragraph (1) to read as follows:

"(1) IN GENERAL.—For the purpose of carrying out this section, in addition to the amounts authorized to be appropriated under subsection (d), there are authorized to be appropriated—

"(A) \$2,065,000,000 for fiscal year 2008;

"(B) \$2,313,000,000 for fiscal year 2009;

"(C) \$2,602,000,000 for fiscal year 2010;

"(D) \$2,940,000,000 for fiscal year 2011; and

"(E) \$3,337,000,000 for fiscal year 2012.".

(b) STUDIES RELATING TO COMMUNITY HEALTH CENTERS.—

(1) DEFINITIONS.—For purposes of this subsection—

(A) the term "community health center" means a health center receiving assistance under section 330 of the Public Health Service Act (42 U.S.C. 254b); and

(B) the term "medically underserved population" has the meaning given that term in such section 330.

(2) SCHOOL-BASED HEALTH CENTER STUDY.—

(A) IN GENERAL.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall issue a study of the economic costs and benefits of school-based health centers and

the impact on the health of students of these centers.

(B) CONTENT.—In conducting the study under subparagraph (A), the Comptroller General of the United States shall analyze—

(i) the impact that Federal funding could have on the operation of school-based health centers;

(ii) any cost savings to other Federal programs derived from providing health services in school-based health centers;

(iii) the effect on the Federal Budget and the health of students of providing Federal funds to school-based health centers and clinics, including the result of providing disease prevention and nutrition information;

(iv) the impact of access to health care from school-based health centers in rural or underserved areas; and

(v) other sources of Federal funding for school-based health centers.

(3) HEALTH CARE QUALITY STUDY.—

(A) IN GENERAL.—Not later than 1 year after the date of enactment of this Act, the Secretary of Health and Human Services (referred to in this Act as the "Secretary"), acting through the Administrator of the Health Resources and Services Administration, and in collaboration with the Agency for Healthcare Research and Quality, shall prepare and submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives a report that describes agency efforts to expand and accelerate quality improvement activities in community health centers.

(B) CONTENT.—The report under subparagraph (A) shall focus on—

(i) Federal efforts, as of the date of enactment of this Act, regarding health care quality in community health centers, including quality data collection, analysis, and reporting requirements;

(ii) identification of effective models for quality improvement in community health centers, which may include models that—

(I) incorporate care coordination, disease management, and other services demonstrated to improve care;

(II) are designed to address multiple, co-occurring diseases and conditions;

(III) improve access to providers through non-traditional means, such as the use of remote monitoring equipment;

(IV) target various medically underserved populations, including uninsured patient populations;

(V) increase access to specialty care, including referrals and diagnostic testing; and

(VI) enhance the use of electronic health records to improve quality;

(iii) efforts to determine how effective quality improvement models may be adapted for implementation by community health centers that vary by size, budget, staffing, services offered, populations served, and other characteristics determined appropriate by the Secretary;

(iv) types of technical assistance and resources provided to community health centers that may facilitate the implementation of quality improvement interventions;

(v) proposed or adopted methodologies for community health center evaluations of quality improvement interventions, including any development of new measures that are tailored to safety-net, community-based providers;

(vi) successful strategies for sustaining quality improvement interventions in the long-term; and

(vii) partnerships with other Federal agencies and private organizations or networks as appropriate, to enhance health care quality in community health centers.